

1. Grantee: _____

Project: _____

Fiscal Agency: _____

Grant Number: _____

2. Type of Modification:

- ☐ Budget adjustment of current funding.
- ☐ Request for additional funding.
- ☐ Request for reduced funding.

3. Budget Category	Current Budget	Proposed Adjustment	Revised Budget
a. Salaries & Benefits			
b. Materials			
c. Operating Expenses			
d. Equipment			
e. Indirect Costs			
f. Totals			

4. Justification for modification: (Attach additional pages if necessary)

5. Project Director: _____ Date: _____ Address: _____ Phone: _____
 (Signature)

Financial Officer: _____ Date: _____ Address: _____ Phone: _____
 (Signature)

6. CSL USE ONLY: State Librarian: _____ Date: _____ Approved / Disapproved
 (Signature) (Circle One)

Fiscal Review: _____ CCLPEP Director: _____ Date: _____ Approved / Disapproved
 (Signature) (Circle One)

Upon approval by the State Librarian, the above requested grant award modification constitutes an official amendment to the Consolidated Application and Grant Award Certification document number _____. All amendments must remain a part of all existing copies of the document.